



## **Consumer Quality Initiatives, Inc.**

132 Kemble St.  
Roxbury, MA 02119  
Phone (617) 427-0505  
[www.cqi-mass.org](http://www.cqi-mass.org)

# **Peer Support/Consumer-Operated Services Focus Group Report**

## **INTRODUCTION**

The Massachusetts Department of Mental Health (DMH) contracted with CQI to conduct a series of focus groups with adult and youth mental health consumers and family members across the state to help inform their Unified Behavioral Health planning process.

One area of interest for DMH is peer support services. This report presents common themes that arose from a focus group with adult consumers about peer support services.

## **EXECUTIVE SUMMARY**

- Stable and affordable housing was by far the most important concern for the participants. Many wanted to be involved in peer-led advocacy around housing.
- Participants believed that peer networking/support had a positive effect on their mental health and quality of life. Consumers could learn from and become motivated by other consumers.
- While some consumers wanted their peer support through formal structures, others preferred informal peer support, such as hanging out with other clients at their programs.
- Participants noted that when getting help at a program, it was less important that their worker be a peer and more important that s/he be empathetic, a good listener and a strong advocate.
- Participants were very interested in a consumer-led leadership or advocacy training, if it related to an issue they cared about.
- Participants were also very interested in more information about what peer services are available.

## **FOCUS GROUP PARTICIPANTS**

There were a total of 17 participants, including both white and African-American participants. Most knew about peer run services; a few did not. Some participants described peer run/support services they were involved in, such as HEAP<sup>1</sup>, M-POWER<sup>2</sup>, the Metro-Boston Consumer

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<sup>1</sup> Homeless Empowerment Advocacy Project

Resource center, and WRAP<sup>3</sup> classes. The other participants were very interested in hearing more about those services. Many were interested in more information about all peer run services that are available, but were reluctant to say they would get involved until they knew more about them.

## **COMMON THEMES**

### ***Housing***

Housing was a central concern for participants. The consumers in this group talked about stable housing as a major issue facing them and also an issue that made them want to get involved in consumer-led advocacy efforts. People were particularly concerned with the lack of set-aside low-income housing in new housing developments and the lack of low-income housing in the suburbs.

Participants shared their struggles with maintaining stable housing, many saying that a sudden crisis in their lives, either mental health or family related, was the reason they were suddenly faced with homelessness. Losing housing leads to many other problems such as a mental health breakdown, or greater exposure to drug use, which could lead to an addiction. One person said, *“If you’re not an addict when you become homeless, you will be an addict in six months.”* Having an early intervention when a mental health or family crisis arises prevents much more challenging problems, such as addiction.

Homeless shelters were an issue for participants because they are crowded, unsafe, and are *“not taking people anymore”*. One person said that shelters are particularly difficult for DMH clients because, *“You can’t get yourself together in a place like that. We got stuff on our minds.”* It is hard to stabilize or get better without stable housing.

### ***Peer Support***

In general, participants felt there were benefits to peer support, including opportunities for networking, gathering much needed information about services, and personal support for struggles. It can also be motivating and encouraging to see other people who have overcome their struggles with mental illness. One person said he got to see others *“falling off the horse and getting back on, and that made me fight and want to press on.”* Participants said it was helpful to meet other people who have been in their situation, unlike health professionals who *“haven’t been on the other side of the street.”* They said that real life experience was better than “book knowledge.”

Getting peer support often happens informally while participants are involved in services, such as when receiving inpatient care or living at a group home. Participants appreciated relationships with other peers when they were in a safe environment. Relationships with peers became troubling when they were in an unsafe or crowded environment, such as a shelter, where people were stealing from or fighting with them.

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<sup>2</sup> Massachusetts People/Patients Organized for Wellness, Empowerment and Rights

<sup>3</sup> Wellness Recovery Action Plan

It's unclear whether some of the participants would be comfortable or interested in a structured peer support group, or whether they would prefer informal, unstructured activities. Everyone wanted people to whom they could relate, and who were empathetic to their struggles. The participants did not mind professional staff leading groups, as long as the staff listened and opened up about themselves. One said, *"You don't always need someone to analyze you. You want someone to open up to you. They don't necessarily need to have a mental illness to be on the same plane."* Consumers are interested in feeling less distance and more empathy from professionals with whom they work. One consumer said she likes it when she asks a professional a question about themselves, and they answer honestly.

### **Group Leaders**

People who lead groups, consumers or professionals without a mental illness, need to have strong listening skills, communication skills, and advocacy skills. Two participants out of 12 present said they were interested in being a peer support facilitator.

### **WRAP**

When asked if participants would be interested in WRAP, participants said they were interested in having a plan in case of a crisis. Several said they were already working on identifying triggers and planning for crises in other groups, such as DBT. They were interested in thinking about a plan, but were less enthusiastic about the seriousness and structure of meeting in a group and writing it down. One said, *"We do it informally. Then you don't have to nail bite. It's just natural."* The one person who had done WRAP said he found it very helpful to have the formal group and to work through the workbook.

It was clear that some consumers want structured, more clinically based groups and activities and some prefer more unstructured groups. We are not sure every consumer would respond to a formal "peer support group".

### **Need for Information**

Consumers are very much in need of information and people to help them problem-solve issues that arise, such as housing, jobs, insurance, and available resources. Sometimes case managers help with these issues, but often consumers want to speak to someone who has been through the experience themselves. DMH is a complicated system to consumers, and having another consumer to help them navigate the system can be helpful. A drop-in model where consumers can talk to other consumers about these issues when they have a pressing need and need someone to help them problem-solve might be helpful. When shown the Consumer Operated Programs and Activities directory, focus group participants were very interested in receiving a copy. Most participants said they used the internet.

### **Advocacy/Leadership Training**

Participants were very interested in a consumer-led leadership or advocacy training, if it related to an issue they cared about.

For more information, contact Jonathan Delman, 617-427-0505, [jdelman@cqi-mass.org](mailto:jdelman@cqi-mass.org)  
132 Kemble Street \* Roxbury, MA 02119